

RECEIVED

	2013 SEP -9 AM 9: 00
Committee Name:	FEC MAIL CENTS
EMERGES PAC	
If registered, FEC ID:	
Today's Date:	
08/29/13	•
Federal Election Commission	
999 E Street, N.W.	
Washington, D.C. 20463	
Re: Form 1, Statement of Organization - Unlimited	d Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

STAWN HARMON

, Treasure

15031113364

FEC FORM

STATEMENT OF ORGANIZATION

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FORM 1	1	UNGANIZA		
FURINI I				2013 SEP -9 AM 9: 00
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5 FEC MAIL CENTER
EMERGE	S. COM.	IMGA, POLL	TICALIACTIO	M COMMITTEE
(EMERGE	SPAC)		
ADDRESS (number a	and street)	1694 ANN	E COURT,	
(Check if a is changed	address (SUITE 5000		
•	. L	CITY A POLIS	· 	MD 2 1 4 911 - 6 \$ 15 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRESS			
(Check if is changed	address (add)	HAWN, HAN	MON C. EMEN	SES, COM
	o _r	otional Second E-Mail Add OATA E EME	ress FRGES, FOM	
COMMITTEE'S WEE (Check if is change)	address I		ENGES, GOM.	
2. DATE $\overset{R}{\mathcal{O}}$	8 29	2013		
3. FEC IDENTIFIC	CATION NUMB	ER • C	70	BE DETERMINED
4. IS THIS STATE	MENT V	NEW (N) OR	AMENDED (A)	
I certify that I have	examined this S	tatement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name	of Treasurer	Anf	Im Shan	u V. Harmon
Signature of Treasure	rer <u>S</u>	uftm	J	Date 06 29 29 13
NOTE: Submission of	false erroneous	or incomplete information	may subject the nerson signing the	ais Statement to the penalties of 2 U.S.C. \$437g

IOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

]	Office Use		Feder	urther information contact: al Election Commission ree 800-424-9530	FEC FORM 1 (Revised 06/2012)
	Only	<u> </u>		202-694-1100	-

	orm 1 (Revised 02/2009)	Page 2
	СОММІТТЕЕ de Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	w.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)	omplete the candidate
Name of Candidate		
Candidate Party Affilia	Office tion Sought: House Senate President	
		District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party es	mmittee:	
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political.	Action Committee (PAC):	
(e) Z	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected organization is a:
	Corporation Wo Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(n ×	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant F	Shawn Harm
	In addition, this committee is a Lobbyist/Registænt F	
	In addition, this committee is a Leadership PAC. (Idé	Shawn.Harmon@eMerges.c
Joint Fun	In addition, this committee is a Leadership PAC. (Idé	
Joint Fun	In addition, this committee is a Leadership PAC. (Ide draising Representative: This committee collects contributions, pays fundraising expe	Shawn.Harmon@eMerges.c
	In addition, this committee is a Leadership PAC. (Ide draising Representative: This committee collects contributions, pays fundraising expe	Shawn.Harmon@eMerges.o
(g) (h)	In addition, this committee is a Leadership PAC. (Idé draising Representative: This committee collects contributions, pays fundraising expe committees/organizations, at least one of which is an author This committee collects contributions, pays fundraising expe committees/organizations, none of which is an authorized co	Shawn.Harmon@eMerges.o
(g) (h)	In addition, this committee is a Leadership PAC. (Ide draising Representative: This committee collects contributions, pays fundraising expe committees/organizations, at least one of which is an author This committee collects contributions, pays fundraising expe committees/organizations, none of which is an authorized co Annapolis, MD 21401-6512	Shawn.Harmon@eMerges.c
(g) (h) Cor	In addition, this committee is a Leadership PAC. (Idé draising Representative: This committee collects contributions, pays fundraising expe committees/organizations, at least one of which is an author This committee collects contributions, pays fundraising expe committees/organizations, none of which is an authorized co Annapolis, MD 21401-6512	Shawn Harmon Shawn. Harmon @ eMerges. o
(g) (h) Cor	In addition, this committee is a Leadership PAC. (Ide draising Representative: This committee collects contributions, pays fundraising expe committees/organizations, at least one of which is an author This committee collects contributions, pays fundraising expe committees/organizations, none of which is an authorized co Annapolis, MD 21401-6512 This committees Participating in Joint Fundraisor Phone: (410) 353-6894 Fax: (775) 535-9303 1694 Anne Ct., Ste. 5000 Annapolis, MD 21401-6512	Shawn.Harmon@eMerges.c

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_	FEC Form	1 (Revised	02/2009)		··		Page 3
۷	Vrite or Type Com	mittee Name	е				
6.	Name of Any C	Connected (Organization, Affili	iated Committee, J	oint Fundralsing R	epresentative,	or Leadership PAC Sponsor
		1 1 1 1					1 1 1 1 1 1 1 1 1 1 1 1 1
L			1		<u> </u>		
L			11111				
	Mailing Address						
	•					<u> </u>	
							L
	•			CITY		STATE	ZIP CODE
	Relationship:	Connecte	d Organization	Affiliated Committee	Joint Fundrais	ing Representa	tive Leadership PAC Sponsor
	·	.*	•••		ι. ·		ter
7.	Custodian of Rebooks and recor		ntify by name, addi	ress (phone number	optional) and po	osition of the pe	erson in possession of committee
		.A A.	NE H	phala	Δ-n /		
	Full Name		1/ 0/				
	Mailing Address		11099	ATUNE	COURT		
			19114	7000			
			HANN	A.P.O.41,S	ليبيب	MU	214011-1656
	Title or Position			CITY		STATE	ZIP CODE
	MAM	AGE,	<u> </u>	لببا	Telephone r	number <u>L</u>	19-1353-6894
8.			nd address (phone assistant treasurer)		of the treasurer of	the committee;	and the name and address of
	Full Name of Treasurer	1911	AWN, 1	HAR	mon		
	Mailing Address		4694	AWNE	COURT		
			6017	5 500	2	1111	
			ANA	1 A 10 04 (<u>S </u>	STATE	21401-6515 ZIP CODE
	Title or Position	5,10E	WT		Telephone r	number 4	10-1353-689K

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FROM: eMerges.com 1694 Anne Ct., Ste. 5000 Annapolis, MD 21401-6515

999 E Street NorthWest Washington, DC 2 Form 1 Submission FEC

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98	9/9/13				
PREPARER	DATE PREPARED				

(8/2013)